FERPA CONSENT TO RELEASE MY EDUCATIONAL RECORDS

The Federal Family Educational Rights and Privacy Act (FERPA) provides certain rights to students concerning the privacy of, and access to, their personally identifiable information, including Educational Records. Except as otherwise permitted by law, the Louisiana Office of Student Financial Assistance (LOSFA) will not disclose any personally identifiable information contained in your files without your signed and written consent. If you want LOSFA to disclose your information to another person (i.e., parent, spouse, employer, etc.) you must complete, date, and sign this form and return it to the address below.

YOU MUST COMPLETE THE FOLLO	WING INFORMA	TION (pl	ease print or	type):
Student's Name:	SS#:	_//	Date of	Birth
Address:	City:		State:	Zip Code:
Home Phone#:	_ Cell Phone#:			
Work Phone#:	_ Email Address:			
AUTHORIZATION TO RELEASE INFO	ORMATION			
I,OF MY EDUCATIONAL RECORDS, E BELOW, TO (please print or type):				
Name:				
Name of Company (if not a parent, custodia	nn or spouse)			
Address:	City:		State:	Zip Code:
Home Phone#:	Cell Phone#:			
Relationship:	Date of Birth:			
The following records shall not be disclosed	d:			
I acknowledge by my signature below th Records, I am giving consent to release an above named person(s). I understand that consent in writing and the revocation is received.	y and all of my per this consent will r	sonal info	rmation, ex	cept as listed above, to the
Student's Signature		Da	ate	
MAIL the completed form to: LOSFA, Atte	ention: Legal, P.O. I	3ox 91202	, Baton Rou	ıge, LA 70821-9202

DO NOT EMAIL this form to LOSFA. Your EMAIL can be hacked by third parties.

OR

FAX the completed form to: 225-208-1618.

TOPS Form PPM #501 - Student Revised 07-2-2013